

APPLICATION DATA SHEET

Application Information

Application Number::	
Filing Date::	August 22, 2003
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	3751
CD-ROM Or CD-R?::	None
Title::	Alcove Whirlpool Seat Spa System
Attorney Docket Number::	Marquis:Alcove2
Request For Early Publication::	No
Request For Non-Publication::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	6
Small Entity::	Yes
Petition Included?::	No
Petition Type:	N/A
Licensed US Govt. Agency::	No
Contract Or Grant Numbers::	N/A
Secrecy Order In Parent Application?::	N/A

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Sam
Middle Name::	
Family Name::	Collins
Name Suffix::	
City Of Residence::	Dallas
State Or Province Of Residence::	OR
Country Of Residence::	US
Street Of Mailing Address::	180 N.W. Woods Lane
City Of Mailing Address::	Dallas
State Or Province Of Mailing Address::	OR
Country Of Mailing Address::	US
Postal Or Zip Code Of Mailing Address::	97338

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Loren
Middle Name::
Family Name:: Brooks
Name Suffix::
City Of Residence:: Independence
State Or Province Of Residence:: OR
Country Of Residence:: US
Street Of Mailing Address:: 115 S. 7th Street
City Of Mailing Address:: Independence
State Or Province Of Mailing Address:: OR
Country Of Mailing Address:: US
Postal Or Zip Code Of Mailing Address:: 97351

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Corey
Middle Name::
Family Name:: Warner
Name Suffix::
City Of Residence:: Dallas
State Or Province Of Residence:: OR
Country Of Residence:: US
Street Of Mailing Address:: 350 N.E. Evergreen Court #3
City Of Mailing Address:: Dallas
State Or Province Of Mailing Address:: OR
Country Of Mailing Address:: US
Postal Or Zip Code Of Mailing Address:: 97338

Correspondence Information

Correspondence Customer Number:: 26790
Phone Number:: (503) 810-2560
Fax Number:: (503) 638-0367
E-Mail Address:: Karen@kdopatent.com

Representative Information

Representative Customer Number::	26790
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application 10/035,502	Continuation of An application claiming the benefit under 35 USC 119(e)	10/035,502 60/243,424	10/25/01 10/25/00

Assignee Information

Assignee Name:: Marquis Corp.
Primary Citizenship Country:: US
Street Of Mailing Address:: 596 Hoffman Road
City Of Mailing Address:: Independence
State Or Province Of Mailing Address:: OR
Country Of Mailing Address:: US
Postal Or Zip Code Of Mailing Address:: 97351